

2021 SUMMARY OF BENEFITS



Platinum (HMO)
NVPlus (HMO)

Clark County

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2021 - December 31, 2021.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by calling our Member Services Department at the phone number listed in this document or online at www.alignmenthealthplan.com.

Platinum (HMO) 001
Clark County

NVPlus (HMO) 002
Clark County

Premiums and Benefits

Monthly Plan Premium • Part C & Part D	\$0	\$0 Part C/ \$15.20 Part D
Deductible	\$0	\$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$2,900	\$2,900
Inpatient Hospital^{1,2}	\$0	\$1,408 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$352 coinsurance per day of each benefit period Days 91 and beyond: \$704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2020 and may change January 1, 2021
Outpatient¹ • Hospital Services • Observation Services	\$0 \$0	\$0 \$0
Ambulatory Surgical Center	\$0	20%
Doctor Visits • Primary • Specialists ^{1,2}	\$0 \$0	\$0 \$0
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0	\$0
Emergency Care/ Post-Stabilization Care	\$50 (waived if admitted within 48 hours)	20% (waived if admitted within 3 days)

	Platinum (HMO) 001 Clark County	NVPlus (HMO) 002 Clark County
Urgently Needed Services	\$0	20% (NOT waived if admitted)
Outpatient Diagnostic ^{1,2} <ul style="list-style-type: none"> Procedures, tests, lab services X-Ray/Diagnostic Therapeutic radiology services (such as radiation treatment for cancer) 	\$0 \$0 20%	20% \$0 20%
Hearing Services ^{1,2} <ul style="list-style-type: none"> Routine hearing exam Hearing aid allowance 	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year not covered	\$0 Medicare covered benefits and 1 exam/fitting/evaluation per year \$2,000 limit both ears combined every 2 years
Dental Services ^{1,2} Preventive: Exam & Cleaning 1 every 6 months Fluoride treatment 1 every 6 months X-Ray 1 every 3 years Comprehensive: Restorative Endodontics Periodontics Extractions Prosthodontics	\$0 \$0 \$0 \$20-\$350 \$15-\$295 \$15-\$375 \$25-\$140 \$20-\$425	\$0 \$0 \$0 \$20-\$350 \$15-\$295 \$15-\$375 \$25-\$140 \$20-\$425
Vision Services <ul style="list-style-type: none"> Routine exam Eyewear coverage limit 	\$0 Medicare covered eye exams/1 routine eye exam per year \$75 coverage limit for glasses/contacts every year	\$0 Medicare covered eye exams/1 routine eye exam per year \$500 coverage limit for glasses/contacts every 2 years

	Platinum (HMO) 001 Clark County	NVPlus (HMO) 002 Clark County
Mental Health Services^{1,2}	\$0	20%
Skilled Nursing Facility^{1,2}	\$0	Days 1-20: \$0 for each benefit period Days 21-100: \$176 coinsurance per day of each benefit period Days 101 and beyond: all costs These costs are for 2020 and may change January 1, 2021
Physical & Speech Therapy¹	\$0	20%
Ground and Air Ambulance Services¹	\$100 (waived if admitted)	\$0
Transportation	\$0 36 one-way trips per year to plan approved locations (within a 20-mile radius)	\$0 unlimited trips per year to plan approved locations (within a 20-mile radius)
Medicare Part B Drugs	20%	20%

Platinum (HMO) 001

Clark County

Outpatient Prescription Drugs

Part D Deductible	\$0
Initial Coverage Limit	\$4,130
Part D Out of Pocket Threshold	\$6,550

	Preferred Retail Rx 30-day supply	Non-Preferred Retail 30-day supply	Mail Order 100-day supply
Initial Coverage			
• Tier 1: Preferred Generic	\$0	\$7	\$0
• Tier 2: Generic	\$0	\$7	\$0
• Tier 3: Preferred Brand	\$40	\$47	\$120
• Tier 4: Non-Preferred Drugs	\$93	\$100	\$279
• Tier 5: Specialty Tier	33%	33%	not covered
• Tier 6: Select Care	\$5	\$5	\$0
Gap Coverage	Tier 6: All Drugs		
Cost-Sharing	May change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.60 copay for generic (including drugs that are treated like a generic) and \$8.95 copay for all other drugs. 		

Outpatient Prescription Drugs

Part D Deductible	\$445		
Initial Coverage Limit	\$4,130		
Part D Out of Pocket Threshold	\$6,550		
	Preferred Retail Rx 30-day supply	Non-Preferred Retail 30-day supply	Mail Order 100-day supply
Initial Coverage			
• Tier 1: Preferred Generic	\$0	\$0	\$0
• Tier 2: Generic	\$14	\$20	\$42
• Tier 3: Preferred Brand	23%	25%	23%
• Tier 4: Non-Preferred Drugs	23%	25%	23%
• Tier 5: Specialty Tier	25%	25%	not covered
• Tier 6: Select Care	\$5	\$5	\$0
Gap Coverage	not covered		
Cost-Sharing	May change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.60 copay for generic (including drugs that are treated like a generic) and \$8.95 copay for all other drugs. 		

NOTE:

Services with a 1 may require prior authorization.

Services with a 2 may require a referral from your doctor.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at www.alignmenthealthplan.com.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN

	Platinum (HMO) 001 Clark County	NVPlus (HMO) 002 Clark County
Extra Benefits		
Enhanced Dental Option Premium	\$31.35/month	not covered
Enhanced Dental Option Comprehensive Coverage	\$1,500 coverage limit a year	not covered
Restorative	\$0	
Endodontics	\$0	
Periodontics	\$0	
Extractions	\$0	
Prosthodontics	\$0	
Fitness	\$0	\$0
Chiropractic Services	\$0 Medicare covered	\$0 Medicare covered
Podiatry Services (Medicare & Routine)	\$0 Medicare covered	\$0 Medicare covered
Over-The-Counter (OTC)	\$50 spending allowance per month (no rollover)	\$100 spending allowance per month (no rollover)
ACCESS On-Demand Black Card	\$0	\$0
Telehealth	\$0	\$0
Companion Care*	not covered	\$0 12 hours per quarter, 48 hours per year
Groceries Benefit*	\$20 spending allowance per month (no rollover)	\$20 spending allowance per month (no rollover)
Pest Control*	\$0 1 service per year	not covered
Air Purifier/Humidifier*	\$0 1 air purifier or humidifier per year	\$0 1 air purifier or humidifier per year

* Certain qualifying conditions are required for members to receive these benefits. Speak with an Alignment representative to determine if you meet the requirements.

Alignment Health Plan Plantinum (HMO) 001 and NVPlus (HMO) 002 have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For coverage and costs of original Medicare, look in your current **“Medicare & You”** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other languages and formats.

For more information, please call Alignment Health Plan Member Services Department at the phone number in this document.

To Join Alignment, you must:	Be enrolled in Medicare Part A and Part B Live in Clark County
Alignment Health Plan Members	1-866-634-2247 (TTY 711)
Non-Members	1-888-979-2247 (TTY 711)
Hours of Operation	October 1 – March 31: seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. April 1 – September 30: Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m.
Website	alignmenthealthplan.com

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

H9686_21006EN_M

UNDERSTANDING THE BENEFITS & RULES

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at:

1-888-979-2247 (TTY 711)

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for a copy of the EOC.

- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Visit alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for a list of Alignment Health Plan network providers.

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit alignmenthealthplan.com or call **1-866-634-2247 (TTY 711)** for the Alignment Health Plan (HMO) list of covered medications.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.

- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).